PTO/SB/06 (12-04)

Approved for use through 7/31/2006, OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number		
APPLICATION AS FILED - (Column 1)						PART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		RATE (\$)	FEE (\$)	ļ	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))							1		1	1		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))							1					
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))					_ 	1		† · · · · · · · · · · · · · · · · · · ·				
TOTAL CLAIMS (37 CFR 1.16(i))				minus 2	0 = •		1	х =		OR	х =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus :	3 = .		1	x =		1	х =	
(37	CFR 1.16(s))	ļ	sheets of is \$250 (\$ additional 35 U.S.C	paper, to 125 for 1 150 sheet 41(a)(1	ne application small entity) fo ets or fraction ()(G) and 37 C	drawings exceed 100 oplication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									<u> </u>	1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		J	TOTAL	
	APPL	_ICAT	ION AS A	MEND	ED – PART	II						
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	2010	RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)	: !	RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1,16(i))		7	Minus	-21	-		х =		OR	, x	
	Independent (37 CFR 1.16(h))	•	2	Minus	- 2	=	1	x =		OR	x =	
ME	Application Size Fee (37 CFR 1.16(s))						1			OI.		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1			OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
ĺ		(Co	lumn 1)		(Column 2)	(Column 3)					,	
AMENDMENT B		REI	LAIMS MAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*		Minus	**	=		x =		OR	x =	
	Independent (37 CFR 1.16(h))	-		Minus	•••	=	1	x =		OR	x =	
ME	Application Size Fee (37 CFR 1 16(s))						1			,		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							•	1	OR		
						<u>-</u>		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or leaders than 3, enter "3".												

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